

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17303

State File No. \_\_\_\_\_

FILED MAY 18 1943

Registration District No. 13

Primary Registration District No. 5059

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Barry  
(b) City or town Rural Ozark Twnship  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Aurora Mo. R.F.D. # 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Katherine Francis Forbes

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife J.V. Forbes 6. (c) Age of husband or wife if alive 87 years  
7. Birth date of deceased Dec. 2 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 4 18 hr. min.

9. Birthplace ? Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name John Gosser  
13. Birthplace Not Known  
(City, town, or county) (State or foreign country)  
14. Maiden name Not Known  
15. Birthplace Not Known  
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest Hilton  
(b) Address Aurora Mo.  
17. (a) Burial (b) Date thereof 4/22/43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mars Hill Cemetery

18. (a) Signature of funeral director W. H. King  
(b) Address Aurora Mo.  
19. (a) April 22/43 (b) Clairna W. Loughrey  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry  
(c) City or town Rural (If outside city or town limits, write "RURAL")  
(d) Street No. R.F.D. # 2 Aurora Mo. (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20  
year 1943 hour 7 minute 00 P.M.

21. I hereby certify that I attended the deceased from Jan 2 1943 to April 20 1943  
that I last saw her alive on Jan 2 1943  
and that death occurred on the date and hour stated above.  
Immediate cause of death Chronic Myocarditis Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. H. Harrison (M. D. or other) \_\_\_\_\_  
Address Aurora Mo. Date signed 4/22/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 543-621

Date Filed MAY 14 1943

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Herman Surridge*

Licensed Embalmer No. 3072

P. O. Address. Aurora Ind

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**